

## OWNER CONSENT FOR SETBACK EXCEPTIONS FOR SURFACE FACILITIES ASSOCIATED WITH H2S WELLS

Required pursuant to Part 615, 1994 PA 451, as amended. Falsification of this information may result in fines and/or imprisonment.

A. SURF	ACE FACILITY INFORMATION		
Surface Facility Name	Surface Facility Operator		
	Range Township	Count	
Enclose an 8 $1/2 \times 11$ " large-scale map (e.g., 1"=1,000') all buildings, public roads, water wells, and other man-m			
E	B. EGLE REGULATION		
Rule 324.1106(2) requires that surface facilities associate existing water wells, existing structures used for public of the travelled portion of an existing interstate, United S H2S is reduced for lower concentration wells, the superstand 450 feet for Class II H2S wells and not less than 30 must be provided by the owner or owners of the existing recreation that are less than 600 feet from the surface face.	or private occupancy, existing areas no States, or state highway. Since the powisor may grant an exception to the support of t	naintained for publi tential for negative urface facilities sett s. To allow this sett existing areas mai	c recreation, or the edge impacts associated with back distances of not less back exception, consent
C. OWNERS CONSENT (att "I, the undersigned owner, have reviewed the enclos above. I attest that I am an owner of the surface fea consent to approving the surface facility location sh 600 feet as described in Rule 324.1106(2)."	tures detailed below and identified	location for the su I on the enclosed	map. I do hereby
Name of owner (printed or typed)	Signature of owner		Date
Street Address	City	State	
Name of owner (printed or typed)	Signature of owner	Recreation	Date
Street Address	City	 State	
Surface feature involved that is less	•	cility (check all that	· ·
Name of owner (printed or typed)	Signature of owner		Date
Street Address  Surface feature involved that is less  Water Well  Stru	City s than 600 feet from the surface faculature  Area Maintained for Public		Zip t apply).
D. OP "The undersigned states that I am authorized by operator complete to the best of my knowledge."	ERATORS CERTIFICATION or to prepare this form and the facts s	tated herein are tru	e, accurate, and
Name and title (printed or typed)	Authorized Signature		 Date
Attach map and Surface Facility Location and Environme	ental Impact Assessment (FOP 7200-	22: if applicable fo	r new facilities)
Submit to the OGMD Area Geologist and appropriate Dis		, ii applicable, le	raomaooj

Cadillac: EGLE-OGMD-Records-Cadillac@michigan.gov
Kalamazoo: EGLE-OGMD-Records-Kalamazoo@michigan.gov
Saginaw Bay: EGLE-OGMD-Records-SaginawBay@michigan.gov
Segle-OGMD-Records-SaginawBay@michigan.gov
Segle-OGMD-Records-SeglinawBay@michigan.gov
Segle-OGMD-Records-SeglinawBay@michigan.gov
Segle-OGMD-Records-SeglinawBay@michigan.gov

If you need this information in an alternate format, contact  $\underline{\mathsf{EGLE}\text{-}\mathsf{Accessibility@Michigan.gov}}\ or\ call\ 800\text{-}662\text{-}9278.$ 

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at EGLE-NondiscriminationCC@Michigan.gov or 517-249-0906.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.